Division of Health Care Facilities

	DIVISION OF FIGURE LACE			
1	STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
	AND PLAN OF CORRECTION		A, BUILDING: 01 - MAIN BUILDING 01	COMPLETED
		-		R
		TN7501	B. WING	09/17/2021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				
	NAME OF PROVIDER OR SUPPLIER	STREETAD	DRESS, CITT, STATE, ZIF CODE	

	MURFREE			(148)
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
	Initial Comments Stories: 2 Construction Type: NFPA, II (111); IBC, II protected Plans available on site Constructed: 1997 Sprinklered: Yes Census: 83 A Life Safety Code Follow Up Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 09/17/2021. During this Life Safety Code Follow Up Survey, Adams Place, LLC was found in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition).	{N 000}	DEFICIENCY)	

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

FORM APPROVED						
Division of Health Care Faci STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		TN7501	B, WING		06/1	5/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ADAMSPI ACE 11 C			/IORIAL BOU ESBORO, TN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
N 000	Initial Comments		N 000			
N 831	protected Plans available on s Constructed: 1997 Sprinklered: Yes Census: 83 A Life Safety Code State of Tennessee Division of Health L Office of Health Ca During this Life Safe Place, LLC was fou compliance with the Tennessee Rules a Standards for Nursi Protection Associat (2012 Edition). 1200-8-608 (1) Bu (1) A nursing home maintain the conditi the overall nursing I	Survey was conducted by the Department of Health icensure and Regulations re Facilities on 6/15/2021. ety Code Survey, Adams nd not in substantial requirements of the nd Regulations 1200-08-06, ng Homes, and National Fire ion (NFPA) 101 Life Safety shall construct, arrange, and on of the physical plant and nome environment in such a fety and well-being of the	N 831			
		ons, the facility failed to all plant and the overall				

The findings included:

1) Observation on 6/15/2021 at 10:05 AM,
Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

(X6) DATE

Division of Health Care Facilities (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
		TN7501	B. WING		06/15/2021		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
ADAMEDIACE II C			MORIAL BOULEVARD EESBORO, TN 37129				
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
	pipe and an empty electrical room (in the 101, 8.3.5 (2012 Edition) 2) Observation on Grevealed unsealed in the rated wall of classroom). NFPA NFPA 101,8.3.5.1 (in the 101) observation on Grevealed unsealed electrical cable and wall of the 2nd floor clean linen room). Need to the complex of the complex of the 2nd floor clean linen room).	penetrations by a sprinkler hole in the rated wall of the he service corridor). NFPA dition), NFPA 101,8.3.5.1 6/15/2021 at 10:35 AM, penetration by a plumbing pipe the storage room (by the 101, 8.3.5 (2012 Edition), 2012 Edition) 6/15/2021 at 11:18 AM, penetrations by a metal-clad a metal conduit in the rated mechanical room (by the NFPA 101, 8.3.5 (2012 8.3.5.1 (2012 Edition)					
	revealed that the fir in synchronization is lobby, dining room, building. NFPA 101, NFPA 101, 9.6 (201 (2012 Edition), NFF Edition) The Maintenance Dathese findings were	6/15/2021 at 12:20 PM, e alarm strobes did not flash in the corridor between the and rehab section of the 19.3.4.1 (2012 Edition); 2 Edition); NFPA 101, 9.6.1.3 PA 72, 18.5.4.4.7 (2010 Director was present when identified, and they were not administrator during the exit 1/2021					

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It is the policy & procedure that AdamsPlace complies with the applicable building and fire safety regulations.

- 1. The penetrations by a sprinkler pipe and an empty hole in the rated wall of the electrical room in the service hall corridor have been repaired.
- 2. The penetration by a plumbing pipe in the rated wall of the storage room by the classroom has been repaired.
- 3. The penetration by a metal clad electrical cable and a metal conduit in the rated wall of the 2nd floor mechanical room by the clean linen room has been repaired.
- 4. The synchronization of the fire alarm strobes will be repaired by an outside vendor to stay within the compliance of regulations.

The Director of Plant Operations will continue to monitor for compliance.

Completion date: 7/30/21

Shift has 17-2-21 Administrator